

R917658

☒ ARREST EVIDENCE    ☐ DNA ARREST EVIDENCE    ☐ FORFEITURE    ☐ FOUND PROPERTY    ☐ PEDDLER PROPERTY  
☒ INVESTIGATORY    ☐ DNA INVESTIGATORY    ☐ DECEDENT'S PROPERTY    ☐ SAFEKEEPING    ☐ OTHER:

Invoicing Officer Rank/Name <b>EPCS I Sonia Gadson</b>		Tax No. <b>6345</b>	Command <b>OCME</b>	Invoice Date <b>10/9/12</b>	Invoicing Command <b>OCME</b>
Arresting Officer Rank/Name		Tax No.	Command	Complaint No. (Yr.-Pct.-No.) <b>2012-26-03454</b>	Aided/Accident No. <b>778</b>
Investigating Officer Rank/Name		Tax No.	Command	Related Comp. No. (Yr.-Pct.-No.)	OCME EU No. <b>12-17903</b>
Detective Squad Supervisor Rank/Name		Tax No.	Command	Det Squad Case No.	OCME PS No.
CSU/ECT Processing Officer Rank/Name		Tax No.	Command	Police Lab Evid. Control No.	CSU/ECT Run No.
<input checked="" type="checkbox"/> Arrest <input checked="" type="checkbox"/> Incident	Date <b>9/25/12</b>	Charge/Occasion Under Investigation <b>Homicide</b>		Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Viol. <input type="checkbox"/> J.D. <input type="checkbox"/> Homicide <input type="checkbox"/> Sex Off. <input type="checkbox"/>	Arson/Explosion <input type="checkbox"/> Internal Inquest <input type="checkbox"/> MOS Compl. - Victim <input checked="" type="checkbox"/>
Finder of Property <b>Dr. G. Vincent</b>		Address (Include City, State, Zip, Apt.) <b>520 First Ave NY, NY 10016</b>			Telephone No. <b>212-4472030</b>
Owner of Property (See Instructions)		Address (Include City, State, Zip, Apt.)			Telephone No.
Complainant's Last Name, First Name <b>Sak, Mohammed</b>		Address (Include City, State, Zip, Apt.)			Telephone No.
Prisoner's Last Name, First Name, M.I. <b>1</b>		D.O.B.	Address (Include City, State, Zip, Apt.)		Arrest No.
Additional Invoice Nos. Related to This Case Including Vehicles					

ITEM No.	QTY	ARTICLE	CASH VALUE USC only	PEDDLER/LEAD SEAL No.	SEC/MARCO ENVELOPE No.
1	2	Black sneakers			
2	2	White socks			
3	1	White T-shirt (cut)			
4	1	Black sweatpants			
XXXXXXXXXXXXXXXXXXXX M12-005278 1-bag			XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX

IME No.		TOTAL CASH VALUE		Pink Receipt Issued <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
Additional Prisoner's Last Name, First Name, M.I.		D.O.B.	Address (include City, State, Zip, Apt.)		Arrest No.
2.					
3.					
Prisoner 1 NYSID No.		Prisoner 2 NYSID No.		Prisoner 3 NYSID No.	
				Total No. of Prisoners	

REMARKS: Briefly explain why the property was taken into custody (see instructions on BACK of this form).

The above vouchered evidence was listed as Homicide clothing as per Dr. G. Vincent N.Y.C. Medical Examiner.

1340009

Invoicing Officer Rank/Name (Printed)	Signature	Tax No	Command	PAD Storage Facility
ERST SONIA GORDON	[Signature]	6345	OCM-e	[Stamp]
Supervisor Rank/Name (Printed)	Signature	Tax No	Command	PAD Storage Facility
[Signature]	[Signature]	6345	OCM-e	[Stamp]
Unit Commander Rank/Name (Printed)	Signature	Tax No	Command	PAD Storage Facility
[Signature]	[Signature]	6345	OCM-e	[Stamp]